

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CLL</i>		<i>03-20-01</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>4/23/01</i>
FORMALITY REVIEW	<i>LCR</i>	<i>1034</i>	<i>5-07-01</i>
RESPONSE FORMALITY REVIEW	<i>4-M</i>	<i>5C 580</i>	<i>07-10-01</i>
<i>Abn</i>	<i>abn</i>	<i>031633</i>	<i>10/31/03</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
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DCOI AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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11-03-03

KW 5/5/07